

RECEIVED



STATE OF WASHINGTON  
APPLICATION TO ENTER A WATER RIGHT INTO  
THE TRUST WATER RIGHT PROGRAM

\*10 AUG 30 P4:35

WA STATE  
DEPARTMENT OF ECOLOGY  
SW REGIONAL OFFICE

NOTE: THIS FORM IS ONLY TO BE USED FOR THE  
ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

(Check all that apply.)

- ☒ Lease  
☐ Purchase  
☐ Donation  
☐ Other

Explain: \_\_\_\_\_

- ☒ Portion of the identified existing water rights

IF FOR SEASONAL OR TEMPORARY, START DATE 8/24/2010  
END DATE 8/24/2012

## FOR OFFICE USE ONLY

FILE No. G2-600246901 WRIA 23DATE ACCEPTED 8/30/10 BY SC

FEE \$ \_\_\_\_\_ REG'D \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CHECK No. \_\_\_\_\_

SEPA: ☐ Exempt ☐ Not exempt

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information:**

APPLICANT/BUSINESS NAME <b>Littlerock Water Works, Inc.</b>		PHONE NO. <b>(206) 276-5454</b>	FAX NO.
ADDRESS <b>PO Box 33</b>			
CITY <b>Littlerock</b>	STATE <b>WA</b>	ZIP CODE <b>98556</b>	
CONTACT NAME (IF DIFFERENT FROM ABOVE) <b>Keith and Nancy Tiede</b>		PHONE NO. <b>(same)</b>	FAX NO.
ADDRESS <b>(same)</b>			
CITY	STATE	ZIP CODE	

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER <b>Groundwater Certificate No. G2-21863C; Groundwater Certificate No. 2469-A</b>	RECORDED NAME(S) <b>Weiks Bros. (No. G2-21863C); J. J. Keller (No. 2469-A)</b>
DO YOU OWN THE RIGHT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE YEARS	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

## FOR OFFICE USE ONLY

WATER RIGHT NO. G2-600246901 FILE (contract) NO. \_\_\_\_\_

3. How is Water to be Made Available for Trust?

<input type="checkbox"/> Alteration in method of diversion	<input type="checkbox"/> Alteration in water use/ irrigated acreage
<input type="checkbox"/> Alteration in method of delivery/conveyance	<input type="checkbox"/> Nonuse of one or more points of diversion
<input type="checkbox"/> Alteration in method of water application	<input checked="" type="checkbox"/> Nonuse of all or a portion of the named water rights
<input type="checkbox"/> Alteration in type of crop	<input checked="" type="checkbox"/> Other, Explain below:
As a trust water for instream flow, it will be available for mitigation in the Black River for new water rights impacting the Black River.	
Name of funding source(s): N/A	

WATER RIGHT DESCRIPTION

4. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	1	NW	SW	2	16N	3WWM		AAF167

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

5. Purpose of Use:

A. Existing Use of the Water Right

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Multiple Domestic Supply/Municipal Supply (No. G2-21863C)	480	46.5	Year round
Multiple Domestic Supply/Municipal Supply (No. 2469-A)	480*	37.5	Year round
*Supplemental			

B. Proposed Purpose of the Trust Water Right:

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:	
PURPOSE OF USE	ACRE-FEET/YR
Instream flow*	70 afy
*Remaining portion of right to be retained by Owner as multiple domestic supply/municipal supply.	

6. Place of Use:

A. Existing:

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Littlerock Water Works, Inc. service area, consisting of portions of							
Section 2, Township 16 N, Range 3 W.W.M.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		2	16N	3W	Thurston	multiple	N/A
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: Owner of water rights is Littlerock Water Works, Inc. and associated water system.							

If additional space is needed, please continue on the form: Attachment for Application to Enter a Water Right into the Trust Water Right Program.

ATTACHMENT FOR  
APPLICATION TO ENTER A WATER RIGHT INTO  
THE TRUST WATER RIGHT PROGRAM

9. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <b>Groundwater Certificate No. G2-21863C; Groundwater Certificate No. 2469-A</b>	RECORDED NAME(S) <b>Weiks Bros. (No. G2-21863C)</b> <b>J. J. Keller (No. 2469-A)</b>
DO YOU OWN THE RIGHT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE OWNER(S) NAME and ADDRESS:  <b>Littlerock Water Works, Inc.</b> <b>Keith and Nancy Tiede</b> <b>P.O. Box 33</b> <b>Littlerock, WA 98556</b> <b>Tel. 206-276-5454</b>	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE YEARS</b>	

Point(s) of Diversion/Withdrawal - ☐ Existing ☐ Proposed:

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #

B. Proposed Purpose of the Trust Water Right

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:	
PURPOSE OF USE	ACRE-FEET/YR
<b>See above</b>	

Place of Use - ☒ Existing:

LEGAL DESCRIPTION OF LANDS							
<b>The Littlerock Water Works service area, consisting of portions of Section 2, Township 16 N, Range 3 W.W.M.</b>							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		<b>2</b>	<b>16N</b>	<b>3 WWM</b>	<b>Thurston</b>	<b>multiple</b>	
DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: Owner is owner of Littlerock Water Works, Inc. and associated water system.							

6. Place of Use (continued)

B. Proposed:

IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED
<b>Black River and the impacted aquifer/groundwater supply in the area.</b>

7. Remarks and Other Relevant Information:

<b>Applicant seeks approval of the temporary transfer of a portion of Groundwater Certificate Nos. G2-21863C and No. 2469-A, in the combined amount of 70 afy (and 140 gpm), to the Department of Ecology Trust Water Rights Program. This portion of the water right is transferred for purposes of beneficial use as instream flow mitigation and impacted aquifer/groundwater supply mitigation for other potential water rights impacting the same sources. The water right holder (Littlerock) will retain 340 gpm and 14 afy for its existing multiple domestic/municipal purpose.</b>
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Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

8. Signatures:

*I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.*

 _____ (Applicant)	<u>8 / 24 / 2010</u> (Date)
 _____ (Water Right Holder)	<u>8 / 24 / 2010</u> (Date)
SEC/TREAS. LITTELOCK WATER WORKS, INC.	
_____ (Land Owner(s) of Existing Place of Use)	_____ (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

<b>WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):</b>	
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input checked="" type="checkbox"/> OTHER/EXPLANATION: <u>Please submit two separate applications</u>	
STAFF: <u>Heidi Carrales</u>	DATE: <u>9/1/10</u>